

# JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM JSPAC COVER SHEET PG 1

#6440

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00041401		2 PAGE # 1 of 20	
3 COMMITTEE NAME The Friends of Darlene Byrne 2000				<b>OFFICE USE ONLY</b> FILED FOR RECORD JAN 18 AM 9:10 CLERK COUNTY CLERK TRAVIS COUNTY TEXAS Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  98 San Jacinto Suite 2000 Austin, TX 78701			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Attorney Stephen NICKNAME LAST SUFFIX Adler			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: ZIP CODE  808 Nueces Austin, TX 78701			
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  808 Nueces Austin, TX 78701			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION  (512) 478-4995			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach JSPAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year 07/01/2006 THROUGH 12/31/2006			
11 ELECTION		ELECTION DATE Month Day Year 11/01/2008 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2

# JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

## FORM JSPAC COVER SHEET PG 2

**12 COMMITTEE NAME** The Friends of Darlene Byrne 2000

**ACCOUNT #** (Ethics Commission filters)  
00041401

**13 COMMITTEE PURPOSE**  
(Attach list on plain paper to complete this report if necessary.)

☐ CANDIDATE

**CANDIDATE / OFFICEHOLDER NAME**

Darlene Byrne

☐ SUPPORT

☐ OPPOSE

☒ ASSIST  
(officeholders only)

☒ OFFICEHOLDER

**OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)**

126th District Judge

**14 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 448.94

4. TOTAL POLITICAL EXPENDITURES

\$ 5,341.91

**CONTRIBUTION BALANCE**

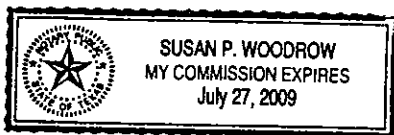
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 63,867.66

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

**15 AFFIDAVIT**


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15/Election Code.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said Stephen I. Adler, this the 17th day of January, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

 Susan P. Woodrow  
Print name of officer administering oath

 Notary Public  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/17 Report: 3/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401**4** Date  
  
08/09/2006**5** Payee name  
Austin American Statesman**6** Payee address; City; State; Zip Code  
P.O. Box 670  
Austin, TX 78767**7** Amount  
(\$)  
  
\$125.00**8** Purpose of payment  
(See instructions regarding type of information required.)  
Contribution☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date  
  
08/09/2006**5** Payee name  
Cutter Bayhouse**6** Payee address; City; State; Zip Code  
2001 Western Ave  
Seattle, WA 78121**7** Amount  
(\$)  
  
\$84.34**8** Purpose of payment  
(See instructions regarding type of information required.)  
Meals at seminar☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/17 Report: 4/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401

<b>4</b> Date  07/14/2006	<b>5</b> Payee name Durbin & Bennett  <b>6</b> Payee address; City: State: Zip Code 100 Congress Avenue Suite 1600 Austin, TX 78701	<b>7</b> Amount ( <b>\$</b> )  \$50.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Professional services**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  09/05/2006	<b>5</b> Payee name Durbin & Bennett  <b>6</b> Payee address; City: State: Zip Code 100 Congress Avenue Suite 1600 Austin, TX 78701	<b>7</b> Amount ( <b>\$</b> )  \$150.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Professional services**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 3/17 Report: 5/20

**2 FILER NAME** The Friends of Darlene Byrne 2000**3 ACCOUNT #** (Ethics Commission filers)

00041401

**4 Date**

09/05/2006

**5 Payee name**

Ed Shack

**7 Amount**

(\$)

\$180.00

**6 Payee address; City; State; Zip Code**814 San Jacinto Blvd  
Austin, TX 78701**8 Purpose of payment**  
(See instructions regarding type of information required.)  
Legal fees☐ Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

09/05/2006

**5 Payee name**

Enterprise Rent-a-Car

**7 Amount**

(\$)

\$112.00

**6 Payee address; City; State; Zip Code**100 Cwa Dr  
Suite 112  
Mosinee, WI 78742**8 Purpose of payment**  
(See instructions regarding type of information required.)  
(See travel info)☒ Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**  
Byrne, Darlene (Ms.)**11 Departure city / location**

Milwaukee, WI

**12 Departure date**

07/16/2006

**13 Destination city / location**

Milwaukee, WI

**14 Arrival date**

07/16/2006

**15 Means of transportation**

Car

**16 Purpose of travel**

Seminar

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 4/17 Report: 6/20

**2 FILER NAME** The Friends of Darlene Byrne 2000**3 ACCOUNT #** (Ethics Commission filers)

00041401

**4 Date**

08/09/2006

**5 Payee name**  
Etta's Seafood Restaurant**6 Payee address; City; State; Zip Code**  
2020 Western Ave  
Seattle, VA 98121**7 Amount (\$)**

\$120.21

**8 Purpose of payment**  
(See instructions regarding type of information required.)  
Meals at seminar☐ Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

09/17/2006

**5 Payee name**  
Hispanic Bar Association-Austin**6 Payee address; City; State; Zip Code**  
P.O. Box 12692  
Austin, TX 78711**7 Amount (\$)**

\$100.00

**8 Purpose of payment**  
(See instructions regarding type of information required.)  
Sponsorship☐ Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 5/17 Report: 7/20

**2 FILER NAME** The Friends of Darlene Byrne 2000**3 ACCOUNT #** (Ethics Commission filers)

00041401

**4 Date**

09/05/2006

**5 Payee name**  
Hyatt Hotels**6 Payee address;** City; State; Zip Code333 W. Kilbourn Ave.  
Milwaukee, WI 53203**7 Amount**  
(S)

\$440.62

**8 Purpose of payment**  
(See instructions regarding type of information required.)  
Lodging for seminar☐ Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

09/05/2006

**5 Payee name**  
Kocurek, Julie (Hon.)**6 Payee address;** City; State; Zip CodeTravis County Courthouse  
P.O. Box 1748  
Austin, TX 78767**7 Amount**  
(S)

\$65.00

**8 Purpose of payment**  
(See instructions regarding type of information required.)  
Retirement event for Judge Wisser☐ Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 6/17 Report: 8/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401

<b>4</b> Date  08/09/2006	<b>5</b> Payee name Mayflower Hotel  <b>6</b> Payee address: City: State: Zip Code 405 Olive Way Seattle, WA 98101	<b>7</b> Amount (\$)  \$780.30
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Lodging for seminar**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  08/09/2006	<b>5</b> Payee name National Association of Drug Court Professionals  <b>6</b> Payee address: City: State: Zip Code 4900 Seminary Road Ste 320 Alexandria, VA 22311	<b>7</b> Amount (\$)  \$525.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Seminar fee**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 7/17 Report: 9/20

**2 FILER NAME** The Friends of Darlene Byrne 2000**3 ACCOUNT #** (Ethics Commission filers)

00041401

**4 Date**

07/13/2006

**5 Payee name**  
Northwest Airlines**6 Payee address; City; State; Zip Code**5151 Northwest Dr.  
St. Paul, MN 55121**7 Amount**  
(\$)

\$435.70

**8 Purpose of payment**  
(See instructions regarding type of information required.)  
(See travel info)☒ Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**  
Byrne, Darlene (Ms.)**11 Departure city / location**  
Austin, Texas**12 Departure date**  
07/14/2006**13 Destination city / location**  
Milwaukee, Wisconsin**14 Arrival date**  
07/14/2006**15 Means of transportation**  
Airline**16 Purpose of travel**  
Seminar**4 Date**

07/14/2006

**5 Payee name**  
Ozarka**6 Payee address; City; State; Zip Code**P.O. Box 52214  
Phoenix, AZ 85072**7 Amount**  
(\$)

\$33.77

**8 Purpose of payment**  
(See instructions regarding type of information required.)  
Jury room supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 8/17 Report: 10/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401**4** Date**5** Payee name  
Ozarka**7** Amount  
(\$)

07/27/2006

**6** Payee address; City; State; Zip CodeP.O. Box 52214  
Phoenix, AZ 85072

\$44.75

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Jury room supplies**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date**5** Payee name  
Ozarka**7** Amount  
(\$)

09/05/2006

**6** Payee address; City; State; Zip CodeP.O. Box 52214  
Phoenix, AZ 85072

\$45.77

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Jury room supplies**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 9/17 Report: 11/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401**4** Date  
  
09/26/2006**5** Payee name  
Ozarka**6** Payee address; City; State; Zip Code  
P.O. Box 52214  
Phoenix, AZ 85072**7** Amount  
(\$)  
  
\$28.28**8** Purpose of payment  
(See instructions regarding type of information required.)  
Jury room supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date  
  
10/26/2006**5** Payee name  
Ozarka**6** Payee address; City; State; Zip Code  
P.O. Box 52214  
Phoenix, AZ 85072**7** Amount  
(\$)  
  
\$67.04**8** Purpose of payment  
(See instructions regarding type of information required.)  
Jury room supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 10/17 Report: 12/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401

<b>4</b> Date  12/04/2006	<b>5</b> Payee name Ozarka  <b>6</b> Payee address; City: State: Zip Code P.O. Box 52214 Phoenix, AZ 85072	<b>7</b> Amount ( <b>\$</b> )  \$45.86
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Jury room supplies**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  08/09/2006	<b>5</b> Payee name Parking Express  <b>6</b> Payee address; City: State: Zip Code 1600 E. Hwy 71 Austin, TX 78742	<b>7</b> Amount ( <b>\$</b> )  \$29.01
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Parking**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 11/17 Report: 13/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401

<b>4</b> Date  09/05/2006	<b>5</b> Payee name Parking Express  <b>6</b> Payee address; City; State; Zip Code 1600 E. Hwy 71 Austin, TX 78742	<b>7</b> Amount (S)  \$95.04
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Parking**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  11/12/2006	<b>5</b> Payee name Parking Express  <b>6</b> Payee address; City; State; Zip Code 1600 E. Hwy 71 Austin, TX 78742	<b>7</b> Amount (S)  \$16.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Parking**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 12/17 Report: 14/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401**4** Date  
  
10/09/2006**5** Payee name  
Ranch 616**6** Payee address: City: State: Zip Code  
616 Nueces St.  
Austin, TN 78701**7** Amount  
(**\$**)  
  
\$37.43**8** Purpose of payment  
(See instructions regarding type of information required.)  
Lunch meeting☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date  
  
12/04/2006**5** Payee name  
Ranch 616**6** Payee address: City: State: Zip Code  
616 Nueces St.  
Austin, TN 78701**7** Amount  
(**\$**)  
  
\$21.33**8** Purpose of payment  
(See instructions regarding type of information required.)  
Staff lunch☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F***The INSTRUCTION GUIDE explains how to complete this form.***1** PAGE #  
Schedule: 13/17 Report: 15/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401**4** Date  
  
07/13/2006**5** Payee name  
Randalls  
  
**6** Payee address; City; State; Zip Code  
3300 Bee Caves Road  
Austin, TX 78746**7** Amount  
(\$)  
  
\$145.88**8** Purpose of payment  
(See instructions regarding type of information required.)  
Luncheon supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date  
  
08/09/2006**5** Payee name  
Randalls  
  
**6** Payee address; City; State; Zip Code  
3300 Bee Caves Road  
Austin, TX 78746**7** Amount  
(\$)  
  
\$15.20**8** Purpose of payment  
(See instructions regarding type of information required.)  
Supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 14/17 Report: 16/20

**2 FILER NAME** The Friends of Darlene Byrne 2000**3 ACCOUNT #** (Ethics Commission filers)

00041401

**4 Date**

09/05/2006

**5 Payee name**

Randalls

**7 Amount**

(\$)

\$34.06

**6 Payee address;** City; State; Zip Code3300 Bee Caves Road  
Austin, TX 78746**8 Purpose of payment**(See instructions regarding type of information required.)  
Supplies**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

10/09/2006

**5 Payee name**

Randalls

**7 Amount**

(\$)

\$10.08

**6 Payee address;** City; State; Zip Code3300 Bee Caves Road  
Austin, TX 78746**8 Purpose of payment**(See instructions regarding type of information required.)  
Supplies**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 15/17 Report: 17/20**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)  
00041401**4** Date  
  
08/09/2006**5** Payee name  
Red Lobster**6** Payee address; City; State; Zip Code  
3815 S. Lamar Blvd  
Austin, TX 78704**7** Amount  
(\$)  
  
\$68.92**8** Purpose of payment  
(See instructions regarding type of information required.)  
Staff lunch☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date  
  
08/09/2006**5** Payee name  
Renaissance Glass**6** Payee address; City; State; Zip Code  
5200 Burnet Road  
Austin, TX 78756**7** Amount  
(\$)  
  
\$63.09**8** Purpose of payment  
(See instructions regarding type of information required.)  
Employee gifts☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 16/17 Report: 18/20	
<b>2 FILER NAME</b> The Friends of Darlene Byrne 2000		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00041401	

<b>4 Date</b>  07/13/2006	<b>5 Payee name</b> Southwest Airlines  <b>6 Payee address:</b> City: State: Zip Code 2702 Love Field Dr. Dallas, TX 75235	<b>7 Amount (\$)</b>  \$645.20
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) (See travel info)  <input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b> Byrne, Darlene (Ms.)		
<b>11 Departure city / location</b> Austin, Texas	<b>12 Departure date</b> 06/21/2006	<b>13 Destination city / location</b> Seattle, Washington
<b>14 Arrival date</b> 06/21/2006		
<b>15 Means of transportation</b> Airline		<b>16 Purpose of travel</b> Seminar

<b>4 Date</b>  10/09/2006	<b>5 Payee name</b> Southwest Airlines  <b>6 Payee address:</b> City: State: Zip Code 2702 Love Field Dr. Dallas, TX 75235	<b>7 Amount (\$)</b>  \$114.10
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) (See travel info)  <input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b> Byrne, Darlene (Ms.)		
<b>11 Departure city / location</b> Austin, Texas	<b>12 Departure date</b> 11/12/2006	<b>13 Destination city / location</b> Houston, Texas
<b>14 Arrival date</b> 11/12/2006		
<b>15 Means of transportation</b> Airline		<b>16 Purpose of travel</b> Seminar

**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.				<b>1</b> PAGE # Schedule: 17/17 Report: 19/20	
<b>2</b> FILER NAME    The Friends of Darlene Byrne 2000				<b>3</b> ACCOUNT #    (Ethics Commission filers) 00041401	
<b>4</b> Date  09/05/2006	<b>5</b> Payee name Tenutas Italian Restaurant  ..... <b>6</b> Payee address;                      City; State; Zip Code 2995 S. Clement Ave. Milwaukee, WI 53207			<b>7</b> Amount ( <b>\$</b> )  \$63.99	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meals for seminar  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:   Office sought: Office held:		
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location		<b>14</b> Arrival date
<b>15</b> Means of transportation			<b>16</b> Purpose of travel		
<b>4</b> Date  11/12/2006	<b>5</b> Payee name Volunteer Legal Services  ..... <b>6</b> Payee address;                      City; State; Zip Code 700 Lavaca Street Suite 602 Austin, TX 78701			<b>7</b> Amount ( <b>\$</b> )  \$100.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:   Office sought: Office held:		
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location		<b>14</b> Arrival date
<b>15</b> Means of transportation			<b>16</b> Purpose of travel		

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 1/1 Report: 20/20**2 FILER NAME** The Friends of Darlene Byrne 2000**3 ACCOUNT #** (Ethics Commission filers)  
00041401

<b>4 Date</b>  07/12/2006	<b>5 Payor name</b> Texas Center for the Judiciary ..... <b>6 Payor address; City; State; Zip Code</b> 1210 San Antonio Suite 800 Austin, TX 78701 <b>7 Reason for credit</b> Reimbursement for seminar expenses	<b>8 Amount (\$)</b>  \$1,476.17
<b>Date</b>  08/22/2006	<b>Payor name</b> Texas Center for the Judiciary ..... <b>Payor address; City; State; Zip Code</b> 1210 San Antonio Suite 800 Austin, TX 78701 <b>Reason for credit</b> Reimbursement of seminar expenses	<b>Amount (\$)</b>  \$1,112.37
<b>Date</b>  07/28/2006	<b>Payor name</b> Travis County ..... <b>Payor address; City; State; Zip Code</b> PO Box 1748 Austin, TX 78767 <b>Reason for credit</b> Reimbursement of seminar expenses	<b>Amount (\$)</b>  \$669.84
<b>Date</b>  08/22/2006	<b>Payor name</b> Travis County ..... <b>Payor address; City; State; Zip Code</b> PO Box 1748 Austin, TX 78767 <b>Reason for credit</b> Reimbursement for seminar expenses	<b>Amount (\$)</b>  \$70.68